

Volunteer Application



Today's date _____

Name: _____

PLEASE PRINT Last First Middle Initial

Address: _____ Apt.# _____ City _____ State _____ ZIP Code _____

Telephone: Home () _____ Work () _____ Cell () _____

Have you ever been convicted of a felony? _____ No
 _____ Yes: _____

Education: (Circle last grade completed) High School: 9 10 11 12 Graduate degree(s): _____
 College: 1 2 3 4

Are you a minor (under age 18)? _____ No _____ Yes Name of School: _____

Volunteers must be at least 14 years old. (Parental Signatures required on back of application)

Emergency Contact: _____ Relationship: _____

Home: () _____ Work: () _____ Cell: () _____

Circle one:

COMMUNITY SERVICE: Court ordered School ordered Trustee ordered

VOLUNTEER: Regular Summer Service Group Member

Please indicate the days/times you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							

Evening							
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What talents or skills would you like to share?

- _____ Reading aloud
- _____ Office skills (please specify _____)
- _____ Organization skills
- _____ Computer skills (please specify _____)
- _____ Teaching or instructing (please specify _____)
- _____ Special events
- _____ Lawn care/Light building maintenance
- _____ Working with children’s programs
- _____ Other (please list _____)

How often would you prefer to volunteer?

- _____ On a regular basis
- _____ As needed
- _____ For special events only (Please specify _____)

Are you available during the 1st weekend in December to help with Holiday Stroll? ____ Yes ____ No

STATEMENT OF CONFIDENTIALITY: All volunteers observe the same code of ethics as the salaried staff of the Library. Library customer information-written, verbal or visual—is considered confidential. Information pertaining directly or indirectly to any staff member, customer or another volunteer shall not be repeated or discussed inside or outside the Library.

Applicant Signature _____ Date _____
 _____ Date _____

Parental consent Signature (Required for youth ages 14 – 17)

STATEMENT OF COMMITMENT: I certify that the statements made in this application are true and correct, and have been given voluntarily. I will observe all of the Hussey-Mayfield Memorial Public Library policies and procedures, including confidentiality. I understand and give my permission to release any and all information from your files as permitted by law pertaining to criminal history.

Applicant Signature _____ Date _____
 _____ Date _____

Parental consent Signature (Required for youth ages 14 – 17)

VOLUNTEER WAIVER OF LIABILITY: In consideration, and as a condition, of my acceptance by Hussey-Mayfield Memorial Public Library (HMMPL) as a volunteer for HMMPL, I hereby waive, release, and hold harmless HMMPL, its officers, directors, employees, representatives, and volunteers from any and all claims and actions related to or arising out of my volunteer activities for HMMPL. Volunteer understands that this release discharges HMMPL from any liability or claim that the volunteer may have against HMMPL with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the volunteer's activities.

Applicant Signature _____ Date _____
_____ Date _____

Parental consent Signature (Required for youth ages 14 – 17)

FOR OFFICE USE ONLY

Date sent:	Placement:
Date received:	Supervisor:
Date interviewed:	Start date: